

Daniel Adler, M.D., L.L.C.

Specializing in Pediatric Neurology

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April 11, 2011

Lee Goldsmith, M.D., Esquire
Goldsmith, Ctorides & Rodriguez
Attorneys at Law
140 Sylvan Avenue
Englewood Cliffs, New Jersey 07632

RE: [REDACTED]

Dear Dr. Goldsmith:

I saw [REDACTED] in pediatric neurological consultation on April 11, 2011. Her mother and father brought her to the office. [REDACTED] is [REDACTED] of age. They confirmed facts in medical records that indicate that [REDACTED] had surgery on the distal end of her spinal cord. They further confirmed that this surgery took place after [REDACTED] was diagnosed as having a Chiari malformation.

As a result of that lumbar surgery, [REDACTED] went on to develop complications. She had bowel and bladder dysfunction. She did not have this earlier. She complained of numbness in her legs. She did not have this earlier. She had tingling in her feet. She did not have this earlier.

As a result of these complaints, [REDACTED] went on to have two additional surgeries. She had a suboccipital decompression, as well as a lumbar peritoneal shunt. She developed fluid in her spinal cord.

The parents confirm the records that indicate that the diagnosis of a Chiari malformation was made after [REDACTED] complained of headache. She was not having any additional symptoms associated with this headache at that time.

[REDACTED] is a girl who has speech delay. She has required speech therapy. She is a primary grade student who does well.

General physical examination reveals a pulse of 100, respirations of 14. The head circumference is 52.3 cm, which is a value in the average range. There is a midline scar beginning in the suboccipital region and extending to the upper portions of the cervical spine.

There is a midline lower lumbar scar that is approximately 6 cm in length. Lateral to this midline scar is a scar of similar length on the right side in the lower lumbar region.

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There is no atrophy in the legs. The temperature in the legs is equal to that in the arms. Pulses are 2+.

The neurological examination revealed a girl who was pleasant and cooperative. Her speech was mildly dysarthric and hypophonic. The sentence structure was normal. The cranial nerves were normal. The fundus was normal. The pupils were reactive. There was symmetrical movement of the face and tongue. Also, tone is mildly decreased in all four extremities. Reflexes are diminished. There is no weakness. [REDACTED] can hop on either foot. Her gait is normal. She can perform a deep knee bend.

CLINICAL IMPRESSION: 1. Chiari malformation, status post suboccipital craniectomy, and lumbar peritoneal shunting.
2. Filum terminale surgery.
3. Bowel and bladder dysfunction.
4. Lower extremity tingling.
5. Speech delay.

FORMULATION: [REDACTED] is a girl with significant neurological difficulties. She has bowel and bladder dysfunction. Despite emptying her bladder, urine still dribbles out. Despite the use of MiraLAX, she has constipation. These are distal spinal cord symptoms that are related to the primary lumbar spinal cord surgery or the development of the syringomyelia. My review of the medical records indicate that there were no symptoms of sacral spinal cord problems. It is my medical opinion that these symptoms are the result of the surgery that was performed on the spinal cord. It is further my medical opinion that these symptoms would not have occurred as a result of the suboccipital craniectomy. While it is possible that these symptoms are a result of the syringomyelia, this latter problem appeared as a result of the first surgery.

These symptoms are permanent. There will always be permanent lumbosacral spinal cord dysfunction. This would include bowel dysfunction, bladder incontinence, and sexual dysfunction.

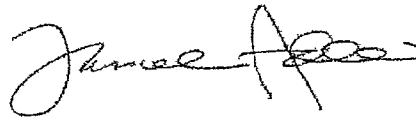
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These opinions are provided with a reasonable degree of medical probability.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Daniel Adler", with a stylized flourish at the end.

Daniel Adler, M.D.

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Specializing in Pediatric Neurology

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November 17, 2014

Christina Ctorides, M.D., Esquire
Goldsmith, Ctorides & Rodriguez
Attorneys at Law
140 Sylvan Avenue
Englewood Cliffs, New Jersey 07632

RE: [REDACTED]

Dear Ms. Ctorides:

I reviewed the following records that pertain to the above-named child:

1. Records from the Chiari Institute;
2. Records of Lakeside Pediatrics;
3. Records from Rathdrum Physical Therapy;
4. Records from the Seattle Children's Hospital Neurosurgery Clinic;
5. Records from the Seattle Children's Hospital Ophthalmology Clinic;
6. Records from the Occupational Therapy Clinic of the Seattle Children's Hospital;
7. Records from the Pain Medicine Clinic of the Seattle Children's Hospital;
8. Records from the Psychiatry and Psychology Clinic of the Seattle Children's Hospital;
9. Records from the Physical Therapy Department of the Seattle Children's Hospital;
10. Records from the Sleep Disorders Clinic of the Seattle Children's Hospital;
11. List of all imaging studies performed from 2008-2014; and
12. Expert report of Jerry G. Blaivas, M.D. dated December 5, 2011.

[REDACTED] was seen in the Neurosurgery Clinic of the Seattle Children's Hospital on May 14, 2012. Dr. Richard Ellenbogen was the attending neurological surgeon who saw her. He indicated that [REDACTED] back was still giving her a great deal of trouble. Dr. Ellenbogen indicated that [REDACTED] referred to her back pain as, "water tingling down her legs." Dr. Ellenbogen referred to an MRI which demonstrated arachnoiditis and he indicated that, "A lot of her symptomatology is due to mechanical back pain as well as the arachnoiditis."

Dr. Blaivas is a urologist. He reviewed medical records and authored a report. He indicated that he could find, "No evidence that [REDACTED] suffered from urinary

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symptoms that would lead one to suspect that she had a tethered spinal cord, nor did she have any findings on exams that would suggest tethered spinal cord."

[REDACTED] was seen in the Sleep Disorders Clinic of the Seattle Children's Hospital. At that time, she was taking gabapentin and Prilosec. The examination at that time was said to be normal. There was concern at the Sleep Disorders Clinic that [REDACTED] might have restless leg syndrome. The possibility of treatment with iron because of that diagnosis was raised.

[REDACTED] was seen in the Psychiatry and Psychology Clinic at the Seattle Children's Hospital. Hilda Campbell was the psychologist. She did not feel that [REDACTED] was depressed or anxious but she did note that [REDACTED]'s pain had affected her ability to attend school as well as affect her ability to attend and concentrate and sleep.

[REDACTED] received physical and occupational therapy at the Seattle Children's Hospital. The physical therapist noted that [REDACTED] had, "Difficulties with pain in her back and legs upon forward bending and some decreased strength in her lower extremities upon functional antigravity movements such as stairs and squatting." The occupational therapist indicated that [REDACTED] did not have any difficulties performing age appropriate activities of daily living such as dressing, bathing, or grooming.

The ophthalmologist at the Seattle Children's Hospital saw [REDACTED]. They indicated that her optic nerves were normal and that she had normal visual acuity.

[REDACTED] was seen in the Pain Medicine Clinic at the Seattle Children's Hospital. They records a history of pain in the lumbar region as well as pins and needles in her back which was, "Worsened by riding in the car for long periods of time, leaning forward, sitting for long periods in school or standing for a long time." They also report significant headaches. The neurological examination was normal. They characterized her pain as, "neuropathic." They prescribed gabapentin.

An MRI of the spine was the performed on July 18, 2014 with and without contrast. The study revealed a small syrinx at the level of C5. Its maximum caliber was 2mm. There was no contrast enhancement. There was preserved cerebral spinal fluid flow at the craniocervical junction. There was evidence of a syrinx at the T9/10 which was smaller in nature. An MRI of the brain and spine was performed without contrast on May 15, 2012. It revealed evidence of a suboccipital craniectomy. The syringomyelia had diminished in size.

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[REDACTED] received therapy from Rathdrum Physical Therapy.

[REDACTED] received pediatric care from Lakeside Pediatrics.

As part of the Chiari Institute records, April Bryant completed a Chiari Institute symptom questionnaire. She marked boxes with an x or a question mark. On the first page of the questionnaire Mrs. Bryant wrote, "It is very hard to answer some of these questions with a child who just turned four and has a speech delay." In the area of bladder function, April Bryant indicated that her daughter had the urge to urinate and had difficulty initiating her urine and had incontinence. She also indicated that [REDACTED] had constipation and short term memory loss among other symptoms. However, when one reviews the New Patient Visit Form dated March 25, 2008 which is signed by Paolo Bolognese, M.D. questions referring to urgency and incontinence are denied. Constipation is acknowledged. The neurological examination recorded is normal.

A New Patient Visit examination was conducted by Dr. John X. Chen, who is a neurologist. He also found a normal neurological examination and in the review of symptoms area, also states that there was no urinary urgency, hesitancy, or incontinence or enuresis.

April Bryant is the mother of [REDACTED]. I had an opportunity to interview her by telephone on November 11, 2014. She told me that [REDACTED] is currently being home-schooled. [REDACTED] is having trouble with the prolonged sitting that was required in the classroom. After [REDACTED] would sit in a hard chair for over 30 minutes, her legs would become numb. The school attempted to modify this by letting [REDACTED] walk around the classroom but it ultimately did not work. The doctors at the pain clinic at the Seattle Children's Hospital prescribed Neurontin but Mrs. Bryant told me that [REDACTED] could not tolerate it because it made her tired and she found it difficult to pay attention. With the homeschooling, the fatigue factor is limited because [REDACTED] can take naps.

[REDACTED] has not had any surgeries since the last time I saw her.

[REDACTED] continues to have problems with bowel and bladder function. She is severely constipated and uses MiraLax. She also undergoes a monthly purge. [REDACTED] cannot fully empty her bladder and often has urinary leakage in between those times that she goes to use the toilet. When she cleans herself, she is able to feel the toilet tissue but [REDACTED] does tell her mother that there is numbness.

With respect to pain management, [REDACTED] uses naproxen daily. Sometimes the pain is so severe that this medication is ineffective and [REDACTED] is forced to use medications that contain codeine.

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CLINICAL IMPRESSION: 1. Chiari malformation, status post suboccipital craniectomy, and lumbar peritoneal shunting.
2. Filum terminale surgery.
3. Bowel and bladder dysfunction.
4. Lower extremity tingling.
5. Back pain.

FORMULATION: [REDACTED] remains a girl with significant neurological problems. A review of current medical records indicate that she is a girl with significant problems with back pain, bowel and bladder dysfunction, and tingling in her extremities. The records indicate that there has been no substantive improvement over time. Indeed, these records and my interview of April Bryant indicate that the issues that were active on April 11, 2011 remain unchanged.

I have previously authored two reports concerning [REDACTED]. The first report was dated July 27, 2009 after I reviewed numerous records. These records define a girl who had headache and a loss of vision. An evaluation led to the discovery of a Chiari malformation. It was my medical opinion that this clinical disorder was migraine and unrelated in any way to the Chiari malformation that was discovered on brain imaging. Furthermore, my review of the medical records indicated that there were no symptoms attributable to this Chiari malformation and more specifically, there were no bowel or bladder symptoms that could have been attributable to a tethered cord.

I later had an opportunity to examine [REDACTED] on April 11, 2011. At that time, I learned that [REDACTED] was having significant neurological difficulties including bowel and bladder dysfunction with dribbling of urine as well as numbness in her legs. According to April Bryant, these symptoms did not exist prior to her back surgery.

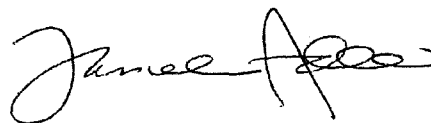
It is my medical opinion that [REDACTED] will always have bowel and bladder dysfunction. It is my medical opinion that these abnormalities are the result of a spinal cord injury and therefore, I am now prepared to offer the medical opinion that [REDACTED] will have sexual dysfunction. It is my medical opinion that [REDACTED] will always have back pain and will require chronic pain management.

As a result of her ongoing difficulties, [REDACTED] opportunities in the competitive job market will be limited. She will have a normal life expectancy.

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Sincerely yours,

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Daniel Adler, M.D.